

**NEIGHBOR NOTIFICATION FORM FOR
APPLYING FOR BEEKEEPING PERMIT**



In accordance with the City of Elkhorn Ordinance No. 12.05, I acknowledge that I have been notified of my neighbor's intent to have bee hive(s) at their home. I understand that I have 15 days from the notification date as indicated by my signature and date on the Notification Form to submit a written objection to the City Clerk or request a hearing if I object to a beekeeping permit.

**CITY CLERK
CITY OF ELKHORN
311 SEYMOUR CT.
PO BOX 920
ELKHORN, WI 53121
(262) 723-2219**

Beekeeping Applicant: _____

Address for Potential Bee Hives: _____

Date Information Provided: _____

(Beekeeping Applicant must provide this completed form to each neighbor signing Notification Form)

Beekeeping Applicant: _____

Address for Potential Bee Hives: _____

NEIGHBOR NOTIFICATION FORM- SIGNATURE PAGE

NEIGHBORS PLEASE FILL OUT BELOW:

Name: _____ Date: _____

Address: _____ Phone: _____

I have been provided with information regarding my neighbor's application to keep bees

Approve Object Household resident with demonstrable medical condition

SIGNATURE: _____

NEIGHBORS PLEASE FILL OUT BELOW:

Name: _____ Date: _____

Address: _____ Phone: _____

I have been provided with information regarding my neighbor's application to keep bees

Approve Object Household resident with demonstrable medical condition

SIGNATURE: _____

NEIGHBORS PLEASE FILL OUT BELOW:

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